

NASA IV&V Facility: Change-Processing Form – Part 1

Information required from Employees. Names and changed fields are required!

1. Names:	FROM	TO
First Name ¹	*	
Middle Name (if none, indicate "N/A")	*	
Last Name	*	
Preferred First Name	*	
Other Names Used		
Title (if any)	*	
Full Name of Spouse(s) Including Maiden Name(s)		

2. Personal Information:	FROM	TO
Date of Birth (MM-DD-YYYY)	*	
Place of Birth (City/State/Country)	*	
Social Security Number	*	
Sex (Male or Female)	*	
Citizenship	*	
U.S. Nationality No. (if applicable)		
Alien Registration No. (if applicable)	*	
Military Serial No. (if applicable)		

3. Home Residence Information:	FROM	TO
Street Address	*	
City	*	
County	*	
State	*	
Zip Code	*	
Phone Number	*	

4. Emergency Contact Information:	FROM	TO
Name	*	
Relationship	*	
Phone Number	*	
Address	*	

5. Vehicle, Residences, and Employment Information: ²	
Vehicle(s) Make/Model, Year, Color, License Number, & State	
FROM	TO

Employee shall submit this form electronically to their Employer when completed.

¹ An asterisk (*) has been denoted on several fields. These marks are used for internal purposes only.

² Finger prints will also be required upon arrival.

NASA IV&V Facility: Change-Processing Form – Part 2

*Information required from Employers. **Changed fields are required!***

1. Contract & Contractor Information:	FROM	TO
Contractor Name	*	
If a Sub, Prime Contractor Name	*	
Prime Contract Number	*	
Contract Expiration Date		
Name of COTR		
Start Date		
Full or Part Time	*	
Permanent or Temporary Employment	*	
Company/Corporate E- mail Address		

Note: The following must be coordinated between the Employer and the NASA Associate of Operations.

2. Office Location Information:	FROM	TO
<u>Outside IV&V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Office Name	*	
Office Address	*	
Office Phone Number	*	
Associated Fax Number		
<u>Within IV&V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Cubicle / Office Assignment	*	
Associated Phone Number		
Associated Fax Number		

3. Special Resource Requests:	FROM	TO
Additional LAN Port/Analog Line		
Access to Network Room (#129)		
Special Keys		
VPN Accessibility		

4. If Supported by NASA's IT Group:	FROM	TO
<u>Category of Computer:</u>		
Category 1 - General Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 2 - Productivity Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 3 - Development Use	<input type="checkbox"/>	<input type="checkbox"/>

Employer shall submit both an electronic copy and a hard-copy of this form to the Associate of Operations when completed.